

Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial **account numbers must include only the last four digits** (e.g., xxx-xx-1234)
- Birth dates must **include the year of birth only** (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, *please black out that information before sending your documents to the Court.*

**UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

EDWARD HAYWOOD PAYNE JR.

Plaintiff

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

**METROPOLITAN BALA APARTMENTS
& METROPOLITAN MANAGEMENT**

Defendants

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff	Name	Edward Haywood Payne Jr.
	Street Address	2746 Belmont Avenue, Apt. 305
	County, City	Phila., Philadelphia
	State & Zip Code	Pennsylvania 19131
	Telephone Number	(267) 992-1591

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Metropolitan Bala Apartments
 Street Address 2746 Belmont Avenue
 County, City Phila. Philadelphia
 State & Zip Code Pennsylvania 19131

Defendant No. 2 Name Metropolitan Bala Management
 Street Address 2746 Belmont Avenue
 County, City Phila., Philadelphia
 State & Zip Code Pennsylvania 19131

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? *(check all that apply)*
☐ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? United States Constitution I Amendment and IV Amendment, Title 42 Chapter 85
of The Clean Indoor Air Act 1990 (CIAA).

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 2746 Belmont Avenue Philadelphia,
Pennsylvania

B. What date and approximate time did the events giving rise to your claim(s) occur? February 8, 2023,
March 24, 25, 26, 2023, August 28 & 29, 2023, September 15, 2023.

C. Facts: Please see pages 2 through 4.

What
happened
to you?

Who did
what?

Please see pages 2 through 4

Was
anyone
else
involved?

The Veterans Affairs Medical Center, Micheal J. Crescenz (215) 823-5800 x 206432.

Who else
saw what
happened?

Shanna Anderson Property Manager.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Bronchitis, Pleural Effusion, Acute Heart Failure.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

Nominal Damages \$ 13,900.00, Actual Damages \$ 16,680.00, Compensatory Damages \$ 72,280.00
Punitive Damages \$ 505,960.00 (U.S.D.)

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13th day of December, 2023.

Signature of Plaintiff

Edmund Howard Payne Jr.

Mailing Address

2746 Belmont Avenue

Apartment # 305

Philadelphia, Pennsylvania 19131

Telephone Number

(267) 992-1591

Fax Number (if you have one)

E-mail Address tue42431@temple.edu

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____

Inmate Number _____

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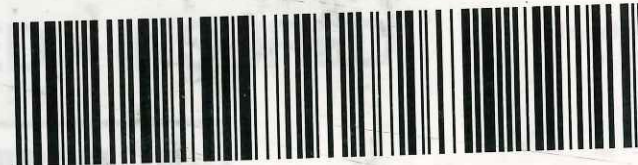
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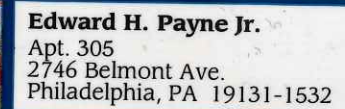
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